

City of New York



ESTUBS



Pay Statement

Pay Period	Pay Date	Check Num	Payroll #	Work Unit	Distribution #	Pension #
09/10/2023 09/23/2023	09/29/2023	Z 23657369	463	1234	BRONXCC	928904
Employee Name	Employee Num	JSN	Federal	State	Electronic Fund Transfer Info	
FELTMAN MATTHEW	1168124	1	MS Exempt	MS Exempt	Active	

Federal W4	Claim Dependents:	Other Income:	Other Deductions:
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Totals	Gross Pay	Deductions	Net Pay
This Period	1596.15	430.28	1165.87
Year to Date	17557.65	4733.13	12824.52

Taxes	Federal Tax	Social Security	Medicare	State Tax	City Tax	City Waiver
This Period	219.15	98.96	23.14	65.81		
Year to Date	2410.65	1088.57	254.58	723.91		

Payments					
Description		Prior Period		This Period	
		Units/Hours	Amount Earned	Units/Hours	Amount Earned
RECURRING	REGULAR	GROSS			
				10:00	1596.15

Deduction			
Description	Amount this Period	Goal Amt or # Installments	Balance Due or Installments left
PAID FAMILY LEAVE GOAL ORIENT	7.26	399.43	319.57
PROFESSIONAL STAFF CONGRESS	15.96		

Leave Balances				As of: 09/16/2023
Description	Balance Avail	Description	Balance Avail	
	HH:MM / DDD		HH:MM / DDD	

City of New York



ESTubs



Pay Statement

Pay Period	Pay Date	Check Num	Payroll #	Work Unit	Distribution #	Pension #
10/15/2023 10/28/2023	11/09/2023	C 57170016	463	1234	BRONXCC	928904
Employee Name	Employee Num	JSN	Federal	State	Electronic Fund Transfer Info	
FELTMAN MATTHEW	1168124	2	MS Exempt	MS Exempt	Not Signed Up	

Federal W4	Claim Dependents:	Other Income:	Other Deductions:
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Totals	Gross Pay	Deductions	Net Pay
This Period	510.80	48.12	462.68
Year to Date	1021.60	98.57	923.03

Taxes	Federal Tax	Social Security	Medicare	State Tax	City Tax	City Waiver
This Period		31.67	7.40	9.05		
Year to Date		63.34	14.81	18.10		

Payments				
Description	Prior Period		This Period	
	Units/Hours	Amount Earned	Units/Hours	Amount Earned
MISCELLANEOUS PAY ADJUSTMENT		510.80		

Leave Balances				As of: 10/28/2023
Description	Balance Avail	Description	Balance Avail	
	HH:MM / DDD		HH:MM / DDD	

Message
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City of New York



ESTubs



Pay Statement

Pay Period	Pay Date	Check Num	Payroll #	Work Unit	Distribution #	Pension #
08/27/2023 09/09/2023	09/15/2023	Z 23440097	463	1234	BRONXCC	928904
Employee Name	Employee Num	JSN	Federal	State	Electronic Fund Transfer Info	
FELTMAN MATTHEW	1168124	1	MS Exempt	MS Exempt	Active	

Federal W4	Claim Dependents:	Other Income:	Other Deductions:
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Totals	Gross Pay	Deductions	Net Pay
This Period	1596.15	430.29	1165.86
Year to Date	15961.50	4302.85	11658.65

Taxes	Federal Tax	Social Security	Medicare	State Tax	City Tax	City Waiver
This Period	219.15	98.96	23.15	65.81		
Year to Date	2191.50	989.61	231.44	658.10		

Payments					
Description		Prior Period		This Period	
		Units/Hours	Amount Earned	Units/Hours	Amount Earned
RECURRING REGULAR GROSS				10:00	1596.15

Deduction			
Description	Amount this Period	Goal Amt or # Installments	Balance Due or Installments left
PAID FAMILY LEAVE GOAL ORIENT	7.26	399.43	326.83
PROFESSIONAL STAFF CONGRESS	15.96		

Leave Balances				As of: 09/02/2023
Description	Balance Avail	Description	Balance Avail	
	HH:MM / DDD		HH:MM / DDD	

City of New York



ESTUBS



Pay Statement

Pay Period	Pay Date	Check Num	Payroll #	Work Unit	Distribution #	Pension #
10/22/2023 11/04/2023	11/09/2023	Z 24325483	463	1234	BRONXCC	928904
Employee Name	Employee Num	JSN	Federal	State	Electronic Fund Transfer Info	
FELTMAN MATTHEW	1168124	1	MS Exempt	MS Exempt	Active	

Federal W4	Claim Dependents:	Other Income:	Other Deductions:
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Totals	Gross Pay	Deductions	Net Pay
This Period	1596.15	430.29	1165.86
Year to Date	22346.10	6024.00	16322.10

Taxes	Federal Tax	Social Security	Medicare	State Tax	City Tax	City Waiver
This Period	219.15	98.96	23.15	65.81		
Year to Date	3068.10	1385.46	324.02	921.34		

Payments				
Description	Prior Period		This Period	
	Units/Hours	Amount Earned	Units/Hours	Amount Earned
RECURRING REGULAR GROSS			10:00	1596.15

Deduction			
Description	Amount this Period	Goal Amt or # Installments	Balance Due or Installments left
PAID FAMILY LEAVE GOAL ORIENT	7.26	399.43	297.79
PROFESSIONAL STAFF CONGRESS	15.96		

Leave Balances				As of: 10/28/2023
Description	Balance Avail	Description	Balance Avail	
	HH:MM / DDD		HH:MM / DDD	

Message
LIVE EZ W DIRECT DEPOSIT AT NYC.GOV/ESS

City of New York



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Pay Statement

Pay Period	Pay Date	Check Num	Payroll #	Work Unit	Distribution #	Pension #
08/13/2023 08/26/2023	09/01/2023	Z 23222413	463	1234	BRONXCC	928904
Employee Name	Employee Num	JSN	Federal	State	Electronic Fund Transfer Info	
FELTMAN MATTHEW	1168124	1	MS Exempt	MS Exempt	Active	

Federal W4	Claim Dependents:	Other Income:	Other Deductions:
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Totals	Gross Pay	Deductions	Net Pay
This Period	1596.15	430.28	1165.87
Year to Date	14365.35	3872.56	10492.79

Taxes	Federal Tax	Social Security	Medicare	State Tax	City Tax	City Waiver
This Period	219.15	98.96	23.14	65.81		
Year to Date	1972.35	890.65	208.29	592.29		

Payments					
Description		Prior Period		This Period	
		Units/Hours	Amount Earned	Units/Hours	Amount Earned
RECURRING	REGULAR	GROSS			
				10:00	1596.15

Deduction			
Description	Amount this Period	Goal Amt or # Installments	Balance Due or Installments left
PAID FAMILY LEAVE GOAL ORIENT	7.26	399.43	334.09
PROFESSIONAL STAFF CONGRESS	15.96		

Leave Balances				As of: 08/19/2023
Description	Balance Avail	Description	Balance Avail	
	HH:MM / DDD		HH:MM / DDD	